

STANDING CHAPTER 13 TRUSTEE ALEJANDRO OLIVERAS RIVERA
REPORT OF ACTION TAKEN
MEETING OF CREDITORS

In re:

AMINADAD RIVERA LUNA

Case No. 10-11827-BKT

Chapter 13

Attorney Name: MARILYN VALDES ORTEGA*

I. Appearances

Debtor ☒ Present ☐ Absent
Joint Debtor ☐ Present ☐ Absent
Attorney for Debtor ☒ Present ☐ Absent
☐ Pro-se
☐ Substitute _____

Date: January 19, 2011

Time: 10:55A Track: n/r
☒ This is debtor(s) 18 Bankruptcy filing.

Liquidation Value: 0

Creditors

R. Herrera BPPR

II. Oath Administered

☒ Yes ☐ No

III. Documents Filed/Provided

☒ Schedules
☒ Statement of Financial Affairs (SOFA)
☒ Statement of Current Monthly Income (SCMI)
☒ Credit counseling briefing certificate (CCC)
☐ Waiver requested by debtor(s)
☐ DSO Certificate

☐ DSO Recipient's information
☒ State Tax Returns 06-09 ☒ Returned
☐ Federal Tax Returns _____ ☐ Returned
☒ Evidence of income (60 days prior to petition)

IV. Status of Meeting ☒ Closed ☐ Not Held ☐ Continued _____ at _____

V. Trustee's Report on Confirmation

☐ FAVORABLE
☒ UNFAVORABLE

☐ Feasibility
☐ Insufficiently funded
☐ Unfair discrimination
☐ Fails liquidation value test
☐ Fails disposable income test (I & J)
☐ No provision for secured creditor(s)

☐ No DSO certificate (Post-petition)
☒ Evidence of income all June 2010 income at Woodwork
☐ Missing ☒ Incomplete
☐ Stmt. of Current Monthly Income
☐ Incomplete ☐ Missing
☐ Fails commitment period ☐ Fails Disp. Income

☐ Certificate of Credit briefing
☐ Missing ☐ More than 180 days
☐ Issuer not certified by U.S.T.

☐ Treat value of collateral separately
☐ No provision for insurance
☐ Tax returns missing
☐ State - years _____
☐ Federal - years _____

☐ Incomplete schedules
☐ Incomplete S.O.F.A.
☐ Other: _____

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VI. Plan

(Cont.)

Date: December, 17, 2010 Base \$ 9,000.00

☒ [X]

Filed

Evidence of Pmt shown: _____

Payments 0 made out of 1 due.

☐ []

Not Filed

USPS M.O.# 3382 \$250

VII. Confirmation Hearing Date: February, 11, 2011

VIII. Attorney's fees as per R. 2016(b)

\$3,000.00 - \$ 100.00 = \$ 2,900.00

IX. Documents to be provided w/in _____ days

☐ [] Amended schedules _____

☐ [] Amended S.O.F.A. _____

☐ [] Insurance estimate _____

☐ [] Amended plan _____

☐ [] Assumption/Rejection executory contract _____

☐ [] Business Documents _____

☐ [] Monthly reports for the months _____

☐ [] Appraisal _____

☐ [] State tax returns years _____

☐ [] Public Liability Insurance _____

☐ [] Federal tax returns years _____

☐ [] Premises _____

☐ [] Correct SS # (Form B21)

☐ [] Vehicle(s) _____

☐ [] Debtor ☐ [] Joint debtor

☐ [] Licenses issued by: _____

☐ [] Other: _____

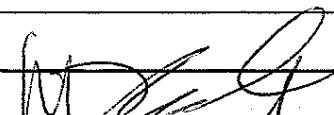
☐ [] M.T.D. to be filed by Trustee: Debtor(s): ☐ [] failed to appear; ☐ [] failed to commence payments;

☐ [] failed to keep payments current; ☐ [] does (do) not qualify as a debtor (§109); _____

☐ [] Other: _____

COMMENTS

① Amend SOFA (item # 2) to include unemployment
benefits and social security



Trustee/Presiding Officer

Date: January 19, 2011

(Rev.